Document 1

Filed 05/20/22

Page 1 of 7

Case 2:22-cv-00873-DJH

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# I. The Parties to This Complaint

## A. The Plaintiff(s)

В.

Name *	CAPACE EDWARD SCOTT XLV.
Address	1001 Table Came Back Rd #
	Dhapaiy A7 85019-2075
	City State Zip Code
County	maricona
Telephone Number	(480) 1. 203-6728
E-Mail Address	aenscot + 1967 a vahoo com
	J = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
The Defendant(s)	
individual, a government agency, an include the person's job or title (if ki	ach defendant named in the complaint, whether the defendant is an organization, or a corporation. For an individual defendant, nown) and check whether you are bringing this complaint against official capacity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	STORE AS AGED ON SI WOLSHOOM
Job or Title (if known)	= Divector of USDA.
Address	1 1/25to Capital Kint ?
	7 1210 ON AK 72581-22
	City State Zip Code
County	
Telephone Number	(855)-747-1194
E-Mail Address (if known)	
	Individual capacity Official capacity
Defendant No. 2	10 11 11 11
Name	Raren R. Stulchins
Job or Title (if known)	EXECUTE ME INTECTIVE
Address	2224 (1) Protesto an
	1 He Rock AP 72200
	City State Zip Code
County	Priloski Country
Telephone Number	(501) 375- 4606
E-Mail Address (if known)	taxit: (501) 421-0732
	Individual capacity // Official capacity

Provide the information below for each plaintiff named in the complaint. Attach additional pages if

Page 3 of 7

Section 1983 allows defendants to be found liable only when they have acted "under color of any

statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."

D.

42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color
of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
Det chamis ingrectial
condones too little Negroes (land
forming constants ( Tarming) (include
Cotton Gins gand . Soybeans Farming processes in
III. Statement of Claim A thorney aw firm owner ships
State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the
alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite
any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain
statement of each claim in a separate paragraph. Attach additional pages if needed.
A. Where did the events giving rise to your claim(s) occur?
Holly Grove Zip Code: 72069 Soubeans Tower
and two Cotton Gins in Holly Grove, Arkan
7:0 Code: 720109 and ARA and Monroe
County
B. What date and approximate time did the events giving rise to your claim(s) occur?
on now and ongoing.
What are the facts and orlying your claim(a)? (For example, What happened to you? Who did what?
C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
The space sattellites allow neglect terines DOY DECINS INDUSTRY
Colosures and Cotton Cine Chause House
are antichristian lantigener, and antiGodo
No Law tirm Non Attorney law
The same of the sa
Firm Onerships. Illegal roads closures at Redmon Cemetary area
à losures at Redmon Cemptors area
and Green Lake area in
Arkaneas State, Caucasian tarmers. Witnesses
Dlaintiff Al Ronge Senior, Kevin Wayne Scott, Page 4 of 6
Plaintiff Al Bones Senior, Kevin Wayne Scott, Page 4 of 6 Luella Davis and Roslyn Laverne Scott, etc).

# IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. Code: 72069 with V. Relief M State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. Page 5 of 6

Case 2:22-cv-00873-DJH Document 1 Filed 05/20/22 Page 6 (100% Profitable) (Lene Edward Scott II D) (Social Security's #: 429-37-4484's) (legal Ownership) (forever and flor ever and forever) (legally) (sane) (and) (florever ongoing florever).,. amen. We thank yall. Dated: 5/18/2022. "aka" "Honorable Bishop"

1 Pro Se/ -5.1 of 6- patitiones/plainly.

#### VI. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing.
Signature of Plaintiff  Printed Name of Plaintiff  Cone Edward Scott
For Attorneys
Date of signing:
Signature of Attorney
Printed Name of Attorney
Bar Number
Name of Law Firm
Address
City State Zip Code
Telephone Number
E-mail Address